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# The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

## BOARD OF REGISTRATION OF NURSES

FOR THE

YEAR ENDING NOVEMBER 30, 1936

DIVISION OF REGISTRATION  
DEPARTMENT OF CIVIL SERVICE AND REGISTRATION



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# BOARD OF REGISTRATION IN NURSES

STATE HOUSE, NOVEMBER 30, 1936

To JAMES J. SUGHRUE, *Director of Registration.*

Sir:—The Board of Registration of Nurses respectfully submits its annual report for the year ending November 30, 1936.

## FINANCIAL STATEMENT FOR THE FISCAL YEAR

		<i>Expenditures</i>	
Salaries of Members of Board	.	.	\$1,950.00
General Expenses of the Department	.	.	2,091.23
Traveling Expenses	.	.	483.90
			<hr/>
			\$4,525.13
		<i>Receipts</i>	
1612 Examination Fees @ \$5	.	.	\$8,060.00
132 Reciprocity Fees @ \$5	.	.	660.00
Fees for Certified Statements	.	.	398.10
Fees for 1936 Renewals @ 50c each	.	.	7,826.00
Fees for 1937 Renewals @ 50c each	.	.	219.00
			<hr/>
			\$17,203.10

Since the establishment of the Board in 1910, the fees received from applicants for registration and renewals, and paid into the Treasury of the Commonwealth, amount to \$256,178.37. The expenditures of the Board amount to \$101,208.40. In dollars and cents, therefore, the Commonwealth has received in excess of the total amount expended the sum of \$154,969.97.

The number of nurses registered under examination this year is 1,355. The number registered without examination this year is 97.

The following tabulation shows the examinations for the year 1936:

Date	Number Examined	Number Registered	Number Rejected
January	492	373	119
April	535	450	85
June	154	108	46
October	586	424	162
Total	<hr/> 1,767	<hr/> 1,355	<hr/> 412

The following shows the record of registrations granted through interstate endorsement of State Licensure and gives the state in which the applicant had been granted registration:

Connecticut 20; District of Columbia 1; Georgia 1; Illinois 4; Indiana 1; Maine 8; Maryland 2; Michigan 1; Minnesota 2; Nebraska 1; New Brunswick 1; New Hampshire 7; New Jersey 4; New York 13; Ohio 4; Ontario 1; Pennsylvania 3; Rhode Island 19; Vermont 2; Virginia 1; West Virginia 1.

Again, in the past year, supervision of schools of nursing has been one of the major activities of the Board. The surveys revealed deficiencies often not realized by the schools themselves but the spirit in which the surveys have been made by the Supervisor, Miss Elizabeth E. Sullivan, has resulted in a marked growth in the cordial relationship between the institutions and the Board. The visits have been welcomed by the schools and suggestions and advice have been sought. There is to be noted a distinct improvement throughout the State. There is apparent also a growing sense of solidarity among schools of nursing as they are realizing that light on common problems is to be found by cooperative effort and by sharing in conference the results of individual experience, from which conference may arise suggestions for further individual experiment.

The procedure has been for the Board to review the report of the survey as in previous years, but no school has proved so inadequate that taking it off the approved list was immediately resorted to. Deficiencies found have been set forth and schools have shown a gratifying eagerness to meet the requirements of the Board.

The survey of all accredited schools of nursing in Massachusetts has been completed. There are seventy-six such institutions of which one ranks as a collegiate school. During the year, seventy-nine visits to schools were made, some visits for the second or third time. Five schools are in the process of closing. The reasons given by hospitals which have decided to discontinue the school of nursing are as follows:

1. Lack of clinical facilities for adequate teaching and properly proportioned experience for the students. This deficiency makes necessary an affiliation, whereby the student may be away from the original school for one year or one-third of the whole course. Suitable affiliations are becoming more difficult to secure, at the very time when the need for them is increasing.

2. The poor quality of the applicants is noticed in many schools besides those in which it is a factor in closing. Yet there is a demand in the field of nursing for good material well trained, so that the present lack may be regarded as temporary.

3. The expense of maintaining a school presents a considerable problem. There is first, the difficulty in obtaining qualified instructors in small schools; and second, the need of admitting two classes a year because of the small number of qualified applicants. Another factor is the voluntary or enforced withdrawal of candidates in the preliminary or "probationary" period because of unsuitableness for the profession of nursing.

The changes in the requirements for admission to schools of nursing continue to receive general approval from high schools throughout the state. The adverse criticism in the past year has concerned chiefly the emphasis which the Board has placed on the importance of the study of the natural sciences in preparation for nursing, but the Board has seen no reason for changing its requirements in this respect.

There have been numerous conferences with principals of high schools, and especially in the Metropolitan district, with the deans in high schools looking toward better guidance of candidates in the high schools who seek to enter the schools of nursing.

Little progress has been made in actually changing the status of schools of nursing, so that they shall be regarded as educational institutions and shall be conducted and supported as such. The idea must first be widely circulated and support won for it by every persuasive means possible. Only then can the material means be secured for realizing the idea.

It is not generally realized to what slight degree the problems of nursing education have been attacked in the light of educational procedures in other fields. In the first place, education carried on after graduation from high school should be carried on at the collegiate level no matter what the content of the course. It should not be a mere extension into the school of nursing of high school methods and procedures. In the second place, it is not generally recognized how few teachers in the schools of nursing would be able to meet substantially the requirements of qualification for grade teachers in some of the best public school systems, not to mention the qualifications for teachers of high school rank. Here are fundamental problems demanding attention.

The required evaluation of educational credentials before admission to approved schools of nursing has proved to be a more formidable task than was expected. The Board is interested primarily only in the candidates whom the schools regard as desirable, having fulfilled approximately the formal requirements. Apparently, however, some schools have thought that the credentials of every applicant no matter how unfitted should be sent to the Board. Thus the credentials of many obviously unprepared candidates have been sent in, perhaps thus rousing ill founded hopes for the candidates and certainly using much time to little advantage.

The need for such evaluation by the Board has been proved again and again as many principals of schools of nursing, perhaps a majority, have shown their inability to make the evaluation themselves. Yet it is a relatively simple matter in most cases and rarely demands expert knowledge. After a little training any ordinarily intelligent clerk can evaluate most of the credentials easily. Here is an opportunity for education in the schools of nursing themselves. In the past year about 5000 credentials were evaluated and about 1079 candidates were admitted to approved schools.

The surveys have revealed clearly what was strongly suspected, namely, that schools of nursing are in general far from doing their work well. This has been shown by surveys in other States also and can be summed up briefly by saying that the schools are still in the transition period between using the pupil nurses to do certain work which somehow has to be done in caring for the sick and the position of educational institutions. Some institutions are far ahead in realizing that the change is necessary; in others little real progress has been made.



There is clearly a considerable need for schools of nursing, and it is by no means limited to the large metropolitan hospitals. There is a lower limit in the number of patients below which, if a hospital falls, pupil nurses cannot be given adequate training in handling certain kinds of cases. This clinical experience is absolutely necessary. There is a certain contrast between the history of schools of medicine and the history of schools of nursing. With some exaggeration to be sure, one may say that medical education has moved from the study of books alone toward a well-balanced distribution of effort between books and practice. Nursing has moved from all practice toward a reasonable proportion of books. Neither has become stable and few are willing to say that "reasonable" means a fixed, unvarying proportion as if one were dealing with one of the invariants of physical nature.

There is needed, first, more general realization of the basic fact that the training of a nurse is essentially an educational procedure; second, more general realization that the education of a nurse requires money in addition to that which is given or required for the care of the patients. In general, hospitals are primarily for the care of patients. Only secondarily are they for the education of physicians and nurses, and if they are going to participate in these educational functions, money should be provided for these specific participations.

Often a community is proud of its own hospital and financial support is given by the community. Often too it is proud of its school of nursing connected with the hospital, but less often is financial support provided for the school of nursing. A change in this respect is urgently needed.

The education of nurses is a necessity and the hospitals which have adequate clinical opportunities should consider carefully whether they have not a grave responsibility for educating nurses. Occasionally the hospital looks at the money side only, and continues or gives up a school of nursing because it calculates that the procedure it follows is less expensive for the hospital.

There is needed a review of possible social obligation as to educating the nurse, and if the obligation is clear, money should be sought frankly for this purpose, and its use should be limited thereto.

Little progress has been made in the past year in changing the situation as it concerns care of patients suffering from mental disease by nurses taking undergraduate courses. There is a need for better nursing for the mentally sick. The attendant is becoming numerically less useful. On the other hand the number of the mentally sick makes the magnitude of the nursing problem impressive. Since the contribution to the training of the nurse, which experience with this class of patients gives, is of such great value it is greatly to be desired that some procedure for taking advantage of it can be devised.

To the problem of how many nurses there should be, with which everyone interested in nursing must feel concerned, no satisfactory answer has been given. The need fluctuates rapidly and greatly. Fortunately for the Board, this problem is outside of its province.

As affecting the general problem of nursing education, there is to be noticed a tendency to try to interest in the school of nursing of a community, persons who are interested in education. This is especially valuable if there is nearby an institution giving education for women at the collegiate level, but every hospital ought to have on its nursing school committee some representative of education possibly the superintendent of schools or a high school principal or teacher of broad outlook. Such a person may be able to make a substantial contribution to nursing education, for, as has been said above, the education of the nurse has been carried on too much in isolation from general education.

On December 31, 1935, Dr. William A. Bryan was re-appointed to the Board.

Respectfully submitted,

WILLIAM A. BRYAN, M. D., *Chairman.*  
STEPHEN RUSHMORE, M. D., *Secretary*  
MABEL F. BOOTH, R. N.  
SISTER MARY PAUL, R. N.  
JOSEPHINE E. THURLOW, R. N.